

MEDICAL DIET AUTHORIZATION

☐ ICI-O ☐ IMSI ☐ ISCI ☐ NICI ☐ PWCC ☐ SAWC ☐ SBWCC ☐ SICI ☐ CWC_____

NAME_____ IDOC #_____ UNIT_____

Start Date: _____ Stop Date: _____

Selective Diet Options: Any offender may eat from the mainline or sign up monthly for a Healthy Choice, Modified Consistency, or one of three vegetarian diet options. **The individual must be on the selected diet for the full 30-day period.** He or she must sign up for the diet by the 25th of the month to receive the diet the next month. **He/she will not be allowed to switch from 1 diet to another on a daily basis.** These diet options are designed to meet the needs of most offenders.

OFFENDERS SHOULD CONTACT FOOD SERVICE STAFF FOR THE SIGN UP FORM FOR SELECTIVE DIETS

The following physician ordered options can be ordered while still allowing the offender to participate in the Selective Diet Program.

- _____ 1. **DISCONTINUE** CURRENT MEDICAL DIET AND RETURN TO THE MAINLINE DIET
- _____ 2. **2% Milk** at all meals (*For pregnant offenders or those less than 21 years of age)
(16 oz at breakfast and 8 oz with lunch and dinner)
- _____ 3. **No milk** to drink (substitute with soy milk)
- _____ 4. Diabetic Weekend/holiday **lunch on 2 meal days** (*for Diabetics or Hypoglycemics)
(PB Sand with 2 oz. P. butter 2 slices bread with no jelly, fruit, veggie stix, 3 sq. gram crax= 500 calories)
- _____ 5. Diabetic snack* **10 AM** (*for Diabetics or Hypoglycemics)
(example: 2 oz. LF cheese, 6 pkg unsalted crax, 1 fresh fruit = 300 calories)
- _____ 6. Diabetic snack* **2 PM** (*for Diabetics or Hypoglycemics)
(example: 2 oz. LF cheese, 6 pkg unsalted crax, 1 fresh fruit = 300 calories)
- _____ 7. Diabetic snack* **8 PM** (*for Diabetics or Hypoglycemics)
(example: 2 oz. LF cheese, 6 pkg unsalted crax, 1 fresh fruit = 300 calories)

MEDICAL DIET ORDER: (a physician's order for one of the following diet excludes the offender from signing up for a selective diet option).

- _____ 8. Fractured Jaw – **high calorie liquid diet**; includes 3 meals daily = 2600 cal (30 days only)
- _____ 9. **Diabetic Renal Diet**- 60-65 grms protein, 2 gm sodium and 3 grms K+ (no salt substitute)
(includes spec sack lunch on 2 meal days) (=1900 calories per day)
- _____ 10. **Renal Diet**- 60-65 grms protein, 2 gm sodium and 3 grms K+ (no salt substitute)
(includes spec sack lunch on 2 meal days) (= 2300 calories per day)
- _____ 11. **Nutritional Support Diet** – includes Mainline meals; 8 oz milk at lunch and dinner daily; 1 mighty shake at each meal (this diet includes sack lunch on 2 meal days) (= 4000 calories daily)

Dietary requirements not met by the above options or by the selective diet process must be coordinated through the CMS Regional Medical Director.

This Diet Authorization supercedes all previous Diet Authorizations. All new Diet Authorizations must be a complete diet order. A new authorization needs to be issued for each receiving location when an offender moves from one location to another.

The Medical diet list will be sent by the CMS Regional Office to the IDOC Administrative designee at each site daily for implementation within 72 hours.

I have been counseled on my diet order and understand the plan and agree to follow the rules of the diet line everyday. Noncompliance may result in discontinuation of this diet plan.

Offenders Signature: _____ Date: _____ Refused Diet* _____ Refused Signature _____
***If refused diet, do not post on the Diet Authorization List.**

Authorizing Practitioner's Signature: _____ Date: _____

Original to Medical File _____

Copy to Dietary Services Manager – IDOC Central Office _____

Faxed to CMS Regional Office: Date _____ Initials _____

Authorizing Practitioner's printed name or stamp:

Offenders do not receive a copy of this authorization form.

ID MED 7178

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